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ABSTRACT

This report documents the planning and development of Families First, an early intervention program to be implemented in Marin City, California. The program has been designed to integrate and coordinate the provision of a wide range of services to families of children from the third trimester of pregnancy to the age of 8 years who live in a low-income, mostly African-American community. The program is intended to enhance the children's intellectual, social, emotional, and physical development. Facilitation activities conducted by Far West Laboratory as part of its Bay Area Early Intervention Program in Marin City and the Western Addition of San Francisco led to the development of Families First. Discussion in this report on the program concerns theoretical and research foundations of the program, its intervention philosophy, its programmatic approach, and its goals, which concern children, program families, community functioning, and agencies. Documentation and evaluation of program efforts are seen as an integral part of the intervention. A list of participating agencies and their roles is provided. Appendixes include a bibliography of nine references and background information on Marin City. (GLR)

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A Report on the Planning and Development of

FAMILIES FIRST

An Early Intervention Program for Coordinated Family Support Services for Marin City Families

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November 30, 1991

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A Report on the Planning and Development of

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ABSTRACT

This report documents the planning and development of FAMILIES FIRST, an early intervention program to be implemented in Marin City, California. The report describes the goals, intervention philosophy, and the specific programmatic approach to be taken in this program. FAMILIES FIRST has been designed to integrate and coordinate the provision of family services from pregnancy to age eight in a low income, mostly African-American community.

The report also describes the facilitation activities conducted by Far West Laboratory as part of its Bay Area Early Intervention Program in Marin City and in the Western Addition of San Francisco that led to the development of FAMILIES FIRST.

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INTRODUCTION

For the past twenty years Far West Laboratory has been involved in assisting local communities plan and develop social and educational programs to better serve young children. Over the years a philosophy of assistance has been delineated which we have come to call the Responsive Facilitation Process. This style of facilitation has been used to implement community interventions throughout the country. Two examples are our Responsive Education Follow Through Model and our Responsive Head Start Basic Educational Skills Program.

At the heart of our approach is the recognition of the need for children and families to experience a continuity of care across educational and social service settings and domains. There are two overarching goals of the Responsive Facilitation Process. The first is to get service providers to accurately understand the needs of families. This is done by assisting and enabling administrators, teachers, service providers, and caregivers, to see the day to day life experience of community families and children from the point of view of the children and families. The second goal is to assist and enable these different groups to develop program plans based on this new "family vision," plans that address actual short term needs and plans that provide, in the long term, for the alteration, orchestration, and continuity of currently provided services. Three basic tenets of the Far West Laboratory facilitation philosophy are:

1) Local norms, names, customs, and traditions should not only be respected but capitalized on to make the program meaningful for the community. The role of the facilitator using the Responsive model is to customize, adapt, and link intervention strategies.

2) Local programs, community action groups, and other key actors should be enlisted in support of the program from its inception.

3) Decision-makers are those who make decisions and act on them. They are found at all levels of a community system. Therefore, it

is important to enlist participation of all participants in a community — administrators, teachers, parents, and other key community members.

Ten specific principles guide FWL facilitation efforts with local communities.

1) Introduce new ideas. The facilitator provides information from other communities and programs that have been successful in providing services to families and children or show promise in doing so.

2) Assist with the development of priorities. The facilitator helps the community define priorities and participates in the periodic assessment and reshaping of priorities.

3) Provide options. The facilitator offers suggestions from which the community members (educators, other service providers, and parents) may choose.

4) Provide training and technical assistance. The facilitators provides technical support that is requested by the community.

5) Stimulate dialogue. The facilitator creates a non-threatening environment that allows for dialogue among the various actors on site.

6) Be flexible. The facilitator takes a flexible approach to change while maintaining a consistent facilitation philosophy and being sensitive to the strengths and characteristics of the local community.

7) Keep low visibility. The facilitator shares ownership for ideas and encourages key groups to assume leadership in creating the program.

8) Provide insight about the big picture. The facilitator should be able to take a stance outside the day to day activities for the purpose of analyzing the community's efforts to attain long range goals and helping the community identify potential barriers.

9) Give moral support. The facilitator affirms community members' efforts so they can carry out their work with the confidence that they are moving in the right direction.

10) Share research and evaluation findings and strategies from similar efforts. The facilitator identifies models and strategies that will assist the community in its documentation of 1) program implementation and 2) program outcomes.

FWL BAY AREA EARLY INTERVENTION PROGRAM FACILITATION ACTIVITIES

In the role of the facilitating agency for BAEIP activities, Far West Laboratory has used the above mentioned approach in the development of early intervention program plans in two local communities, the Western Addition of San Francisco and Marin City California. In addition to drawing on our own and others' past experience in the area of early intervention, FWL gathered data about current conditions in both communities. FWL also provided training and technical assistance in those areas that seemed to need immediate attention. The following activities have been conducted as part of our facilitation work to date and adhere to the principles for successful facilitation summarized in the introduction:

1. Training/technical assistance.

- childcare
- family support
- childcare environments
- early childhood transitions

FWL staff members and expert consultants were brought in to both communities to provide assistance in making the above mentioned program components stronger, trainings were held, childcare environments changed, operating revenues uncovered, and strategies for more efficient family support activities proposed.

2. Information sharing of National Models for early intervention/ drug treatment programs. As part of early needs sensing in the Western Addition and Marin City it became apparent that both communities needed better information about drug use during pregnancy, the impact of drugs on children and families, and drug treatment for adults and intervention services for adults and families. Agency representatives felt that in order for them to design a comprehensive early intervention program they must be better informed. FWL responded to this request by instituting the Drug Free Pregnancy Project as part of BAEIP activities. The project's first action was the commissioning a white paper "Pregnancy and Cocaine Addiction: An overview of Impact and Treatment." This 1989 paper surveyed all the leading theoreticians and treatment experts for information about impact and treatment and shared this information with both local communities. As a second action FWL sponsored with the two communities the "Drug Free Pregnancy Conference." This brought national leaders to the San Francisco Bay Area to participate in intimate working relationships with community members. FWL also secured scholarships for large numbers of Marin City and Western Addition childcare and family support practitioners to participate in the two day conference. At the conference, they received information on appropriate caregiving techniques and family support activities. They also learned about the knowledge, skills, and sensitivity needed to work effectively with the growing population of drug-exposed children. Since the 1989 conference BAEIP programming and local planning has been strongly affected by this issue. As a result, model development includes strategies for working with children who have been born exposed to drugs. A third effort in this area is the development of educational and treatment strategies we culled in part from existing preschool and primary school model programs for drug-exposed children and their families which we have investigated. These site visits have provided

BAEIP with invaluable training material now being used locally. Based on the request of key people involved in the provision of social services for instructional training on drug related topics FWL staff has created a draft training manual focussing on instructional strategies for working with children with FADE (fetal alcohol and other drug effects), which will be used in upcoming trainings.

3. Taking the lead in moving forward the planning and conceptualization process. In response to a request from the Marin City community, Diana Kronstadt, a FWL consultant, conducted a survey of all Marin County agencies purporting to serve Marin City to determine what level of service Marin County agencies provide to the community and how services might be better coordinated. Her 25 page report charted a confusing network of 26 service agencies. Her report made apparent a competitive and categorical approach to Marin City families with gaps, inconsistencies in approach and duplication.This 1991 study has been crucial to the designing of a more orchestrated approach.

4. Bringing institutions and agencies together to plan community/school linkages and link BAEIP efforts to national efforts. Since 1989, FWL staff and Marin City school and community representatives have met repeatedly to assess different perceptions of how to better ease the transition of children from Marin City homes and preschools into the Sausalito school system. Three working groups have been developed to address this important issue. Each group works separately, but at the same time coordinates its activity with the other groups. The Marin City/ Sausalito community has identified three such groups:

Administrator/Program Director Leadership Team. Each agency (the school district, the local Head Start program, and the major local preschool programs) is represented on this team.

Preschool/Early Primary Teachers Collaboration Group. Teachers from the Head Start, preschool, and elementary school programs participate in this group.

Parent Participation Group. Parents of children in the various early childhood and early primary programs are represented in this group.

A key feature of the model is that each of the parallel groups operates under a set of objectives. These objectives guide the work of the groups and give structure to the linkage efforts. An evaluation is being planned to document the extent to which the different groups attain their objectives. The objectives for each of the parallel groups are listed below. In some cases, possible indicators or criteria for assessing progress in working toward a particular objective are listed as well. The groups share common objectives, and, in addition, each has its own objectives. The main objectives for each of the above groups are as follows:

Administrator/Program Director Leadership Team

- Work with Preschool/Primary Teachers to identify and prioritize transition issues in the Marin City/Sausalito community.

- Consensus on the project's philosophical approach to transition and a structure to address the community's priorities. Sample indicators:

    1) The development of an annual plan for the project consisting of a schedule of events (e.g., collaborative trainings for teachers or parents) and meetings.

    2) Experimentation with promising practices such as the passing on of children's records from the early childhood to elementary programs or utilizing similar educational practices across both preschool and elementary programs (e.g., serving children exposed to drugs in utero).

    3) Coordination with teacher and parent groups. The establishment of procedures to assess progress of transition activities.

Preschool/Early Primary Teachers Collaboration Group

- Maintenance of mutual respect.
  Sample indicators:

  1) Teachers utilize each other as resources for information and advice.

  2) Teachers initiate collaborative activities such as joint training sessions. Identification of promising practices and implementation of these practices across early childhood and early primary programs.

  Possible examples:

  1) The development of a mechanism to pass on children's records in an educationally meaningful way from preschool to school.

  2) The introduction of promising practices in both the early childhood and elementary school settings, for instance, a practice that supports emergent literacy in children.

- Coordination with Administrator/Program Director and Parent Groups.

Parent Participation Group

- The establishment of priorities with respect to the issue of continuity for their children and themselves.

- Continuity of involvement in the education and care of their children from three-to-eight years of age.

- Participation in special transition/continuity activities for parents such as training sessions or school visits.

- Coordination of activities with the Administrator/Program Director and Teacher Groups.

Thus far, the Administrator/Program Director and Teacher Groups have been established in the Marin City/Sausalito community and plans are in place for their activities during the 1991-92 school year. The Administrator/Program Director Collaboration Team is meeting on a monthly basis, and the Teacher Collaboration Group has four meetings scheduled. In addition, the Teacher Collaboration Group has set up two joint training sessions for this school year. The topics of these sessions are 1) a general overview of developmentally appropriate practice, and 2) working with children who have been exposed to drugs. The structure for parent participation is being established this year. As a means of initiating parent involvement, teachers and parents of elementary school children are planning an open house for he teachers and parents of preschool children.

Additionally, FWL has included the BAEIP communities in its national and regional linkage efforts. Proceedings from the first National Linkage Conference and selected papers of experts are shared with the groups described above and a presentation of Marin City efforts by community members at FWL's first regional linkage conference in October of 1991 has helped to develop local efforts.

5. Making available consultants of national reputation to focus on local issues. Both the Western Addition and Marin City planning activities have benefitted from the counsel of Gina Barclay McLaughlin, former director of the Center for Successful Child Development "Beethoven Project" and an internationally recognized expert on early intervention efforts with low income African-American populations. She has consulted with leaders in both BAEIP communities as well as program staff. Through this work each group has been better able to articulate workable strategies for intervening with high risk families.

A second effort of great value to the communities was the convening of a seminar of scholars for the purpose of suggesting appropriate evalua-

tion methods and strategies for early, continuous, and coordinated family support services in low income communities. Members from agencies in both communities traveled to Chicago with FWL staff to meet for two days with experts who were asked to react to preliminary program plans developed in Marin City. This effort will be explained further in the forthcoming description of the program plans for FAMILIES FIRST.

A third effort was the convening on November 18 and 19 of an 8 member expert panel to discuss BAEIP activities with Western Addition and Marin City representatives and FWL staff.

6. Providing clinical consultation/training for work with emotionally disturbed children. FWL is providing ongoing consultation for staff at the Marin City Learning Center to upgrade the services to emotionally disturbed children.

7. Developing links for local communities with public and private funding sources.

FWL has brought issues of concern in both communities to the attention of various funding sources and facilitated site visits and face to face meetings. FWL has also taken a major role in the development of proposals for local organizations for the purpose of funding activities planned as part of BAEIP. One of these proposals was **FAMILIES FIRST**, a program plan developed in conjunction with Marin City agencies. The remainder of this report will present the **FAMILIES FIRST** early intervention model that was developed jointly by FWL and local community members. This work is reflective of the type of development activity that FWL is trying to facilitate locally and disseminate throughout the Western Region.

FAMILIES FIRST:
AN EARLY INTERVENTION PROGRAM FOR COORDINATED FAMILY SUPPORT SERVICES FOR MARIN CITY FAMILIES

The FAMILIES FIRST program is based on a planning effort that has drawn together child and family support agencies and organizations within Marin City, California, agencies and organizations outside Marin City that provide services to Marin City, and FWL. Of primary importance to the planning group was the inclusion in their deliberations of reported family needs, and an assessment of current agency functioning. The planning group also expressed the need for the coordination of any newly planned family support activities with other community development work, local economic development efforts and the interests of private and public funding agencies.

Studies conducted during the planning period have made clear the need for a comprehensive family support program for Marin City families. Long term plans and solutions for Marin City families are lacking. Currently there are many agencies based in and outside Marin City that report providing service to the families of Marin City. In reality many needed services are lacking and others are provided in duplicative, narrow, or incompatible ways. The FAMILIES FIRST program plan was written to deal with what is seen as a very serious need for a family focused and locally organized program for family support in Marin City. It is anticipated that the model proposed will bring together the diverse and fragmented service community now serving Marin City families and that a more efficient and rewarding system of service will result.

The plan makes specific recommendations for activities that if conducted appropriately will alter significantly the way family support services are provided to the citizens of Marin City. Families will be recruited into a family support activity that will provide continuous and coordinated services from the time a pregnancy is identified until the child reaches third grade. The core intervention is a family focused case managed system through which all family services to these families will flow.

Plans have been developed through which service agencies and institutions both within and outside of Marin City will treat these families through the case managed system. Specially selected and trained family advocates will coordinate all intervention activity. In addition, a special program facilitation team will be selected to assist the family advocates in the implementation of these services and to aid in the reorganization of currently existing services to the FAMILIES FIRST approach.

The overall objectives of the program are 1) to provide intensive, comprehensive, integrated, and continuous support services to the families of low-income children from the third trimester of pregnancy to third grade of elementary school that will enhance the children's intellectual, social, emotional, and physical development, and 2) to revise the ways needed support services to parents and to other household members are delivered so that these services will fit into a long range service plan for each family. An important objective is the documentation and evaluation of this effort.

A two-pronged intervention strategy will be carried out to address the needs of the young children and families selected. That strategy, developed with the assistance of Far West Laboratory was submitted to OERI in an October 20, 1990 report entitled *Augmented Family Support Systems: A Description of an Early Intervention Model for Family Support Services in Low Income Communities*. One prong will deal directly with program families using a case management/family advocate approach to identify and to meet individual child and family needs. The second intervention prong will be geared toward developing long-term changes in the informal networks and service agencies that have an impact on the program families and similar families in Marin City.

The intention of the two-pronged intervention is to develop service strategies with the families recruited in the first two years of operation which will in the long run change the way service agencies respond to all Marin City families. In effect, service to the target families will become the vehicle through which broader based change in the delivery of services to all families in the community takes place. Both the intervention plan and

any evaluation of the effectiveness of the program will focus on two issues: 1) the impact of the program on the target children and families, and 2) the impact of program efforts on the long-term operation of family support activities for all Marin City families after intervention ceases.

Operation Give A Damn (OGAD) will administer the FAMILIES FIRST program. Far West Laboratory (FWL), under separate funding, will provide training, technical assistance, programmatic assistance, documentation and assist in the development of the evaluation. FAMILIES FIRST represents a collaboration among a number of agencies and organizations. First year efforts will focus on those agencies that serve pregnant adults and infants, but also link with agencies that might meet other family needs such as job placement or substance abuse treatment. Linkage activity will grow with the children to include those agencies and institutions serving preschool and school-age children. Some of the agencies currently serving Marin City families that will be linked with FAMILIES FIRST are: the Prenatal Clinic, Pregnancy to Parenthood, Iniece Bailey Infant Center, Community Action Marin, Catholic Charities, Public Health Nursing, the Family Service Agency, the Marin City Drug and Alcohol Outpatient Program, the Sausalito Public Schools, and Step II.

Theoretical and Research Foundations of FAMILIES FIRST

The intervention approach taken in FAMILIES FIRST is based on 20 years of implementation and study of early intervention projects. During the late 1960s and early 1970s, a number of early intervention projects were undertaken (**Lazar and Darlington, 1982; Provence and Naylor, 1983; Lally, Mangione and Honig, 1988; Schweinhart and Weikart, 1980**) with families from low-income minority populations who were characterized as "high risk."

The longitudinal findings from these studies showed that it is possible to accomplish positive outcomes with early intervention. One of the positive outcomes discovered was that children from "high risk" conditions could be helped by early intervention to exhibit fewer signs of failure in

school than their controls. Another was that attention to parent/child and caregiver/child relationships resulted in an increase in prosocial orientation by the child in later years. A third was that program children exhibited fewer and less severe encounters with the criminal justice system than their controls.

Of equal importance to the positive findings are the conclusions reached by those early investigators about the particular intervention components and strategies that were essential to the success of their interventions and those activities they would add to future interventions based on their intervention experience. Schorr (1988) concluded that after an extensive study of early intervention and interviews with many of the directors of early intervention programs that worked that, "The programs that work best for children and families in high-risk environments typically offer comprehensive and intensive services. Whether they are part of the health, mental health, social service, or educational systems, they are able to respond flexibly to a wide variety of needs. In their wakes they often pull in other kinds of services, unrelated in narrowly bureaucratic terms but inseparable in the broad framework of human misery. These programs approach children not with bureaucratic or professional blinders, but open-eyed to their needs in a family and community context. Interventions that are successful with high-risk populations all seem to have staffs with the time and skill to establish relationships based on mutual respect and trust."

Lally and Mangione (1989) reported similar findings to Schorr's and also reported the overwhelming need of program families for high quality child care (well-trained staff, low adult to child ratio, continuity of care, child focused and culturally sensitive and appropriate curriculum and service, responsiveness to family needs, and a well developed program philosophy). At the 10-year follow-up when parents were asked what was best about the program, 79 percent responded by saying high quality child care.

Bronfenbrenner (1988), after studying early programs, uncovered three critical features of successful intervention programs:

1) the empowerment of those who are the intended beneficiaries of policy and practice, since they turn out to be the principal agents of change,

2) the importance of discovering and responding to the differing characteristics, needs and initiatives of program recipients, with the program itself behaving as a social organism, accommodating the families it serves; and

3) a recognition of the impact of perceptions, beliefs and meanings as well as of objectively identified conditions, events and processes.

Bronfenbrenner also emphasizes the importance of attention to "developmental transitions." "Existing theory and research point to the importance for the child's development of the nature and strength of connections existing between the family and the various other settings that a young person enters during the first two decades of life. Of particular significance in this regard are the successive transitions into (and within) daycare, peer group, school and work." (**Bronfenbrenner, 1986, p. 734**).

After analysis of their own intervention experience and research findings and analysis of the work of others, the authors of this report ascertained that certain intervention approaches work better than others. The following assumptions for successful intervention will be used to anchor and guide the day-to-day operations of FAMILIES FIRST:

1) an early intervention program should be designed not as an inoculation but as a first step in a continuing and comprehensive system of supports.

2) early intervention efforts should take place with and through already existing agencies in the community served rather than stand alone and, in addition to individuals and families, service systems should be the focus of the intervention.

3) partnerships with the schools and Head Start programs that will eventually serve program children should be established well before children reach the school or Head Start door.

4) for educational and social benefits to be maximized, intervention should be started early, with particular attention paid to the development of the fetus in a drug free and healthy womb, and the quality of infant and child care services provided.

5) for early intervention to be effective, a personal relationship needs to be established between a member(s) of the early enrichment team and the families served, particularly the principal caregivers, usually parents, of the program children. A case-managed home-based service system is well suited for ensuring the establishment of a personal relationship.

6) a non-judgmental analysis of family strengths coupled with practical attention to family needs, i.e., nutrition, child care, child rearing practices, housing, finances, etc., should be the basis for the individualization of intervention strategies for families.

7) high quality child care services must be made available to the families served.

8) special attention has to be paid to "life transitions" the families go through as a child matures.

Goals for the FAMILIES FIRST Program

The development of goals for Families First was a major step in program design. Conversations were held with community members, agency functions analyzed, and other intervention programs studied. Staff at FWL developed a working first draft which was critiqued and revised. The goals are divided into four categories: child functioning, family func-

tioning, community functioning, and agency functioning. How each of these goals will be evaluated in formative and summative ways is being developed and will be presented in subsequent reports. Sub-goals relating to program evaluations at various points in time are also being developed.

Goals for Children

The goals for children are based on attributes of child functioning that if found to be part of a child's repertoire of behavior will indicate positive cognitive, social and motivational ability. They should also indirectly indicate family, school and service agency attention to the preparation of children for productive participation in society. This first listing of goals is for functioning that should be evident by a child's third birthday. Goals for school functioning will be developed during the first three years of operation of FAMILIES FIRST.

I. Motivation and Personal Learning Style: Noncognitive Mediators of Achievement and Indicants of Movement to Inner Controls

   A. Makes needs known

   B. Shows curiosity and interest in the environment; tries new activities; uses materials, tools and toys in experimental ways

   C. Follows direction

   D. Responds maturely to frustration

   E. Recovers quickly from frustration or threat

   F. Initiates activities; tries many different activities

   G. Shows purposeful actions

   H. Pursues difficult tasks

I. Completes tasks

J. Teaches peers

K. Role-plays (including fantasy play)

L. Acts happy

M. Likes and accepts self

N. Shows responsibility for own actions

O. Shows awareness of choices

II. Physical Skills

A. Develops large-muscle skills

B. Develops small-muscle skills

III. Personal-Social Relationships with Peers and Adults

A. Acts secure around adults

B. Acts secure around peers

C. Goes to adults for help

D. Respects the feelings of others

E. Cooperates in activities with peers

F. Displays a reverence for all living things

IV. General Cognitive Functioning

A. Understands cause and effect relationships

B. Looks through books

C. Is attentive to being read to and being shown pictures

D. Shows basic understanding of the abstract qualifier concepts listed below:
   1. Like-unlike
   2. Quantity: Includes number concepts
   3. Quality: includes feelings such as sad and happy
   4. Spatial relations: includes distance and spatial prepositions
   5. Temporal relations
   6. Classification; by shape, color and function and by abstract
   7. Seriation

V. Language Functioning

A. Labels and names objects, toys, pictorial representation, and people

B. Labels and names action words

C. Labels and names qualities or qualifiers

D. Labels and uses prepositions

E. Sings songs

F. Gives information about experiences

G. Imitates adult language

H. Asks questions

I. Uses verbal fantasy

J. Uses long phrases or complete sentences rather than single words to express thoughts or ask questions

K. Uses a common abstract verbal label to classify superficially dissimilar objects (either real or pictorial)

L. Receptive language:
   1. Understands questions
   2. Understands directions
   3. Understands offers made

M. Social-positive attributes of language functioning: Uses personal-social positive words to offer help, to praise, to encourage, to make solicitous remarks, and to greet

Goals for Program Families

The goals for families are goals for general functioning and thus not specifically related to a particular child age. It is believed, however, that the earlier each family achieves these goals, the greater the potential for optimal development of the child. The achievement of these goals is a major thrust of the home visit program.

I. Families will be More Potent in Facilitating the Development of Their Children

This major program goal is a reflection of our belief that families can be informed on a variety of child-rearing practices that will result in their increased facilitation of the development of their children. The means for achieving this goal are provided through the direct work of the family advocate in the home visitation program and the linking of families

with school and social agency staff. This goal has two subgoals. The first subgoal is that parents and other family members actively and decisively participate in the learning experiences of the child and that they become aware of the child's cognitive, affective, and sensorimotor development. The second subgoal is that the mother will become more aware of the child's safety, health and nutritional needs.

Subgoal 1: Active participation in the learning experience and development of the child. This subgoal is divided into five specific objectives to be implemented by the family advocates during home visits. These objectives were:

1. To help make learning experiences with her children a part of the daily life of the mother.

2. To facilitate cognitive interactions among adults and children in the family.

3. To facilitate family involvement with social, health, and educational institutions.

4. To facilitate the involvement of families in program activities.

5. To expand the maternal philosophy of child-rearing practices and discipline to include an expanded awareness of child development and socialization techniques.

Subgoal 2: Increased awareness of safety, health and nutrition needs. This subgoal emphasizes the role of the Family Advocate as a social services advisor. The objectives are:

1. To facilitate the recognition of responsibility for feeding in nutritionally appropriate ways.

2. To facilitate an adequate diet for the family through education and training in appropriate foods, shopping, budgeting, use of food stamps. etc.

3. To encourage a monitoring of the diets of young children.

4. To facilitate an awareness of the interaction of a good diet and daily functioning.

5. To encourage perinatal care.

6. To encourage well-baby care as part of the regular medical services.

7. To create a safe home environment for child rearing.

8. To develop a family climate which supports drug, alcohol and tobacco free pregnancies.

II. Family Cohesiveness Will be Maintained or Increased

This second major goal is a reflection of our belief that the most important influence on a child's development is his or her family. Thus FAMILIES FIRST seeks to maintain and increase family cohesiveness by providing supplemental services to the families and linking families with supplemental services. This goal is divided into three subgoals. The first focuses upon the affective relationship between the mother-child and seeks to intensify the positive aspects of that relationship. The second subgoal is to enhance the quality of nuclear family interactions with the extended family whenever possible. Our third subgoal focuses on the development of the parents.

Subgoal 1: To support an intense mother-child relationship. This subgoal is operationally defined by several specific items of maternal behavior. Each item relates to the concept that child development is enhanced within a warm supportive home.

1. Coming to the assistance of infants when they cry

2. Holding young infants

3. Knowing the cues that children give and responding appropriately

4. Showing affection and receiving affection

5. Developing an understanding of temperament

6. Playing with the young child

7. Making or acquiring objects for the young child (toys, clothes, puzzles, games, books, etc.)

8. Responding positively to a young child's products

9. Yielding to a young child's needs for self-comforting activity

10. Engaging in vocal and verbal play with the young child

Subgoal 2: To support a rich quality of familial interactions. The behaviors that operationally defined this subgoal deals with the interactions within the immediate and extended family. Movement toward this subgoal is to be invited by the family advocate in her roles as friend and advisor to the family. Much activity will be aimed at demonstrating to the family that early interaction with an infant is a necessary part of his or her future growth and development. The following interactions will be encouraged:

1. Families participate in varied types of activities together.

2. Members of the family show an interest in the development of the young children.

3. Family members (mother, father, grandparents, siblings, aunts, and uncles) participate in Families First activities.

Subgoal 3: To support the self-improvement of parents. If family cohesiveness is to be maintained or enhanced, persons in the family must be capable of functioning within society as competent adults. Attention will be paid to their own personal development in career opportunities, their economic independence, and their satisfaction with their ability to provide for their comfort within the home. The following six aspects of self-improvement will be fostered by the family advocates:

1. Use of community facilities for self.

2. Use of community facilities for children.

3. Independent contact with social, health and educational agencies.

4. Economic independence.

5. Career advancement: job, schooling, training.

6. Increased comfort of home environment.

Goals for Community Functioning

1. Increased employment for Families First program participants.

2. Better health and health care.

3. An increase in choice and control by program participants over economic and social opportunities.

4. An increased range of social and economic opportunities.

5. An increased number of quality child care slots.

6. A decrease in the use of illegal substances.

7. An affirmation of and identification with the cultural strength of the community.

8. Children and families become knowledgeable of the history and tradition of Marin City.

9. Increased participation by children and families in the cultural, social, and economic functioning of the community.

10. Development of positive social networks among program participants.

Goals for Agencies

The goals for agencies are specifically related to cooperation and coordination of services for families and the development of a comprehensive approach to families for all of Marin City. The following goals are listed:

1. Single point of access for all Marin City family support services (coordinating entity based in Marin City).

2. Coordination of goals and eligibility criteria of all agencies serving Marin City families.

3. Clear description of each agency's family service role and responsibility and how that role fits into the overall family service picture.

4. Establishment of a family focused service continuum.
   A. A smooth service flow for families
   B. A broad based network of service providers representing all aspects of family life including work and recreation

Description of Program Advocates

The Family Advocate

The Family Advocate will deliver parenting and child development information and will have a specific and direct role as a broker of available family services. He/she will identify family needs and the agencies that might best provide services to meet these needs. The Family Advocate will also assist families by encouraging successful approaches to obtain needed services. The Family Advocate is the key staff member in FAMILIES FIRST; this home visitor has a multifaceted role. The role consists of:

1. delivering parenting and child development information

2. helping families assess needs and providing linkage with other services

3. assist in identifying and building relationships with community service agencies

4. coordinate the work of community service agencies for the program families

5. design approaches and strategies for agency collaborations

6. work with members of the Project Facilitation Group to meet family needs

7. receive supervision from OGAD and FWL training and evaluation team

Program Facilitation Group

The Program Facilitation Group supports the two prongs of the project's intervention. Five professionals will be selected each year to assist the FAMILIES FIRST effort. They will receive special orientation

and be asked to make a five percent commitment to the program. This group will provide overall support to the family advocate, consult with coordinating agencies and provide some direct service to families. Each group member will have as a primary responsibility the delivery of advice and programmatic expertise to the family advocate as well as to participating agencies. Each group member will be knowledgeable and able to work in a general way with all staff in terms of the overall goals of the program as well as to be able to specialize in a particular area. The role involves regular contact with the family advocate and participation in training, linkage and coordination with community agencies.

Each group member will have a particular specialty as well as professional networks and connections to others working in their field. Areas of expertise that will be included are: infant/toddler development and mental health, family development and education, community resources, career development/job training, substance abuse, medical and health service delivery, child care programming, community education, and home-based programming. Each year different members of the team will be selected who best meet the needs of the program families and the family advocate.

Child Care

As a primary component of FAMILIES FIRST child care services for program families will be developed using Iniece Bailey Infant Center, Community Action Marin Programs housed in Marin City and a Family Day Care Network that will be developed in the first year. The intention of the program is to make child care services available to all FAMILIES FIRST families throughout infancy, toddlerhood and preschool years. It is anticipated that this service, though not mandatory, will be a most attractive program service. The goal of the child care service component is to:

1. provide quality childcare with a consistent program philosophy throughout the first five years of life.

2. allow adult family members to participate in job training, remedial skills development and to focus on other personal needs

3. provide a setting for observation of children and the role modeling of appropriate interactions to give parents broader perspectives of their child(ren)

4. provide natural support networks with other parents

5. develop appropriate activities and supportive relationships provided by child care staff

Home Visitation

During the home visits, and in other contacts, the Family Advocate will assess and clarify family needs in response to observations, parent sharing, behavioral cues and specific situations that arise. These areas are noted and the content of future visits are adjusted accordingly. Content changes should be discussed during the weekly case analysis meetings.

Home Visit Content

1. Families self identified needs, questions and concerns

2. Assessed needs of child and family which may or may not be congruent with the families own concerns

3. Information on child development and parenting

4. Linkage with appropriate service agencies and members of the Program Facilitation Group

Individual Family Plans

Each family will participate in developing a plan which will outline in a direct manner specific areas of concern which will be covered on the home visits and in other activities. Services that the family needs will be outlined and this plan will serve as a guide for the families and the family advocate as to their activities. The plan will also provide a concrete way in which the family can take credit for accomplishments such as successful entry into a job training program, weaning of a child, or location of a better housing situation. These plans will be developed jointly by family members and the family advocate. The development of these plans and strategies for implementation will be discussed at case conferences with the clinical coordinator, FWL staff and members of the Program Facilitation Group.

Clinical Coordination

Each week family advocates will meet to discuss progress, analyze actions and develop strategies with the clinical coordinator and other staff. These supervisory meetings will also be used as the vehicle for deciding which collaborating agencies and members of the Program Facilitation Group should be linked for the purpose of serving individual families.

The Clinical Coordinator's responsibilities include:

1. Initial assessment of children and family done in home or center.

2. Assignment of families to specific Family Advocate.

3. Weekly review of all case records and contacts.

4. Weekly meetings with each family advocate in which assigned cases are reviewed and specific steps are planned. A family assessment, and individual service plans will be used as guides in this process.

5. The maintenance of contact with other social service and educational agencies that are involved with the family directly or through the Family Advocate.

6. Periodic update of individual service plans and assessment data.

7. As needed, the Clinical Coordinator will facilitate community case conferences for a specific family who is involved with multiple agencies for the purpose of coordination of services. These conferences will also have as a secondary purpose the building of linkages and effective working relationships with participating agencies. These community case conferences will be seen by the Clinical Coordinator as useful in providing indirect training in supportive family and child development work in each community.

Community Services Support System

The *Community Services Support System* deals directly with linking service agencies. It is designed to develop long-term changes in the quality of family life in communities served. Agencies that serve program families are brought into collaborative working agreements with Families First and participate in the design and implementation of a long-term service strategy for program families. Informal neighborhood and community networks will be identified, enlisted, and facilitated in their support of program families. The *Community Services Support System* focuses on upgrading and expanding services as well as establishing and maintaining collaborative relationships among informal networks and service agencies.

Working directly with schools, service agencies, community groups, and formal and informal networks, staff are to assist community leaders to develop strategies and plans for the implementation of a community wide family service system. The program families served are to be used as the focus for this system redesign activity. Using the target child in the program families as a magnet for concern, redesign activities will commence related to perinatal and early infancy issues and will be developmental in nature.

Issues relating to the service of specific program families are to be used as "content" and/or "jumping off point" for redesign discussions. Issues that arise will be spotlighted for special concern by the community planners. As the target child grows, the redesign issues will change until by the end of five years a comprehensive family service redesign effort will have been conducted. The Program Facilitation Group plays a major role in this activity. Under the supervision of the OGAD Director the Program Facilitation Group will provide training and technical assistance in efficient agency functioning and present strategies for collaboration. Specifically, an agency support process is to function concurrently with the family support and intervention process. This type of support is designed to assist provider agencies with ongoing technical assistance and training issues. Some of the activities to be conducted are: Quality Control and Program Enhancement (The strengthening of services delivered to program children):

- Staff development (staff competency as related to program achievement goals)
- Program development
- Organizational development
- Other (as indicated by individual agencies)

Resource Development and Expansion of Services:

- Proposal development
- Assistance in long range planning

Collaboration:

- Better coordination of services

- Resource sharing
- Collaborative proposal development
- Joint planning

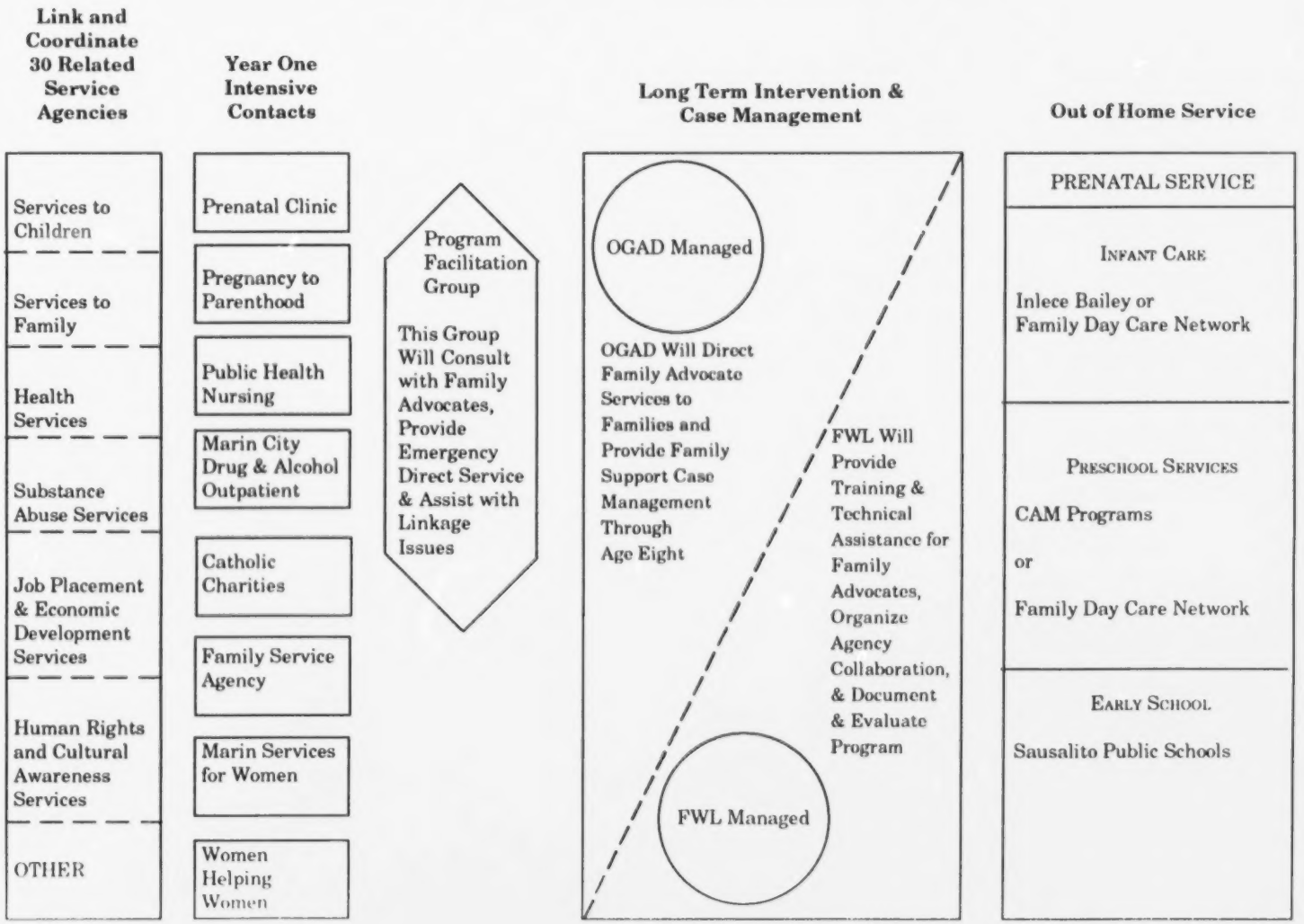
Local policy development:

- Orientation of Community to Augmented Family Advocacy approach
- Dissemination of a "Community Family Service Plan"

Programmatic Approach

Figure 1 shows the services that will be provided and linked as part of the FAMILIES FIRST program. Recruitment of families will start June 1, 1992 and continue until June 1, 1993. Families will be recruited into FAMILIES FIRST as soon as a pregnancy is discovered. They will then be served continuously from that point of pregnancy to the completion of third grade by the target child. Residence in the "bowl area" of Marin City qualifies a family for participation. This area houses most of the Marin City low-income population and is a self contained community. Programmatic activity will begin with staff selection and training and quickly move to home visitation. It is anticipated that by the end of the first year of operation FAMILIES FIRST will be serving 20 to 25 families. By the end of year two 40 to 50 families will be served. One family advocate will be hired during the first month of program operations and a second will be hired six months into the first year. A case load of 12-13 families is anticipated at the end of year one for the two advocates. This case load will be increased to 15 in year two. It is anticipated that some families will need less intensive home visitation at the end of year one because they will be linked with appropriate service agencies. At no point will the case load for family advocates be greater than 15. In year two a third advocate will be hired at a point during the program year when case loads warrant it.

Figure One
Families First: Long Term Family Support


Link and Coordinate 30 Related Service Agencies
Year One Intensive Contacts
Long Term Intervention & Case Management
Out of Home Service
Services to Children
Services to Family
Health Services
Substance Abuse Services
Job Placement & Economic Development Services
Human Rights and Cultural Awareness Services
OTHER
Prenatal Clinic
Pregnancy to Parenthood
Public Health Nursing
Marin City Drug & Alcohol Outpatient
Catholic Charities
Family Service Agency
Marin Services for Women
Women Helping Women
Program Facilitation Group
This Group Will Consult with Family Advocates, Provide Emergency Direct Service & Assist with Linkage Issues
OGAD Managed
OGAD Will Direct Family Advocate Services to Families and Provide Family Support Case Management Through Age Eight
FWL Will Provide Training & Technical Assistance for Family Advocates, Organize Agency Collaboration, & Document & Evaluate Program
FWL Managed
PRENATAL SERVICE
INFANT CARE
Inlece Bailey or Family Day Care Network
PRESCHOOL SERVICES
CAM Programs
or
Family Day Care Network
EARLY SCHOOL
Sausalito Public Schools

- During the first four months of the program the first family advocate will be selected and trained.

- During the first six months the development of specific collaborative intervention agreements with participating agencies and the selection of the first year members of the Program Facilitation Group will take place.

- During the first nine months of the program Marin City residents (three-to-four) will be identified, recruited and trained to be part of a Marin City Family Day Care network. They will receive child care training from FWL using the staff and materials of FWL's "Program for Infant/Toddler Caregivers."

A family advocate will visit the mother to be, as soon as it is found that a pregnancy exists, explain the program, discuss available services at the Prenatal Clinic, and provide, if necessary, transportation to those services. Once a week visits by the family advocate will commence at that time and continue until the child is 12 months old. At that time a decision will be made about the frequency of visits. It is anticipated that visits will take place once every two weeks from this point on unless it is judged that more intensive visits are necessary. Each home visit will deal with making appropriate links with other services, provide needed information about family and child issues, and work to strengthen the family advocate/ parent relationship. Decisions will be made based on information collected at these visits to shape individual service plans for each family based on need.

A family advocate will be the first contact for all services that flow to the families and keep track of and coordinate all services received. The family advocate will be the consistent link throughout the entire eight program years, coordinating the work of the various agencies and developing with the families a plan for appropriate family support. Each family advocate will receive supervision from staff at OGAD and FWL. Case analysis will take place 1/2 day each week. Special case conferences will be organized as needed to coordinate and clarify family and child service

needs. These activities will be conducted by OGAD's clinical coordinator with the assistance of FWL staff. In addition a special PROGRAM FACILITATION TEAM will be recruited and oriented to the FAMILIES FIRST philosophy and assist the family advocate in the implementation and coordination of service.

Sometime during the first year of life of the target child, based on family interest, the family advocate will introduce the family to the world of child care. Information about a family day care network that will be established as part of FAMILIES FIRST and Iniece Bailey Infant Center will be shared and discussions about placement in care will commence. Year two activities will follow this same direct service and linkage approach. As children grow older they will move to the preschool component of the program and then to the early school component. Linkage activity has already taken place with both preschool and school officials. A special transition to school project which links Marin City preschools and the Sausalito Schools has already been launched and is being facilitated by FWL. FAMILIES FIRST will develop specific working agreements with service agencies and institutions both within and outside of Marin City for the coordinated service of program families. The organization of a *Family Support Services Coordinating Council* and a program-wide networking system will be emphasized during first year operations. Common needs, goals, joint strategies and linkages will be developed through the council. OGAD will coordinate these meetings. The general focus of the meetings will be the development of a service system that better meets the needs of Marin City families. The specific focus of these meetings will be how services might be better arranged to meet the needs of program families.

The role of the family advocate with regard to each family served in FAMILIES FIRST will be two-fold: 1) to provide direct service principally in the area of child rearing, child development and family relations; and 2) to assist families in making links with appropriate professionals in various service agencies already serving Marin City and to assist agency staff to make links with families. This approach will be used with all families but certain subpopulations will receive special attention to insure

appropriate handling. The following sub populations have been identified as needing special consideration:

1. Teen parents and their families

2. Substance abusing mothers, fathers, families

3. Child Protective Services families, and abused and abusive mothers, fathers, family members

4. Families engaged in criminal behavior

5. Families with children with special needs [ex. developmental disabilities]

6. Social isolates: families isolated within Marin City because of transportation or psychological reasons

7. Single parents

In dealing with the subpopulations listed it is the intention of FAMILIES FIRST staff to handle problems in the following manner: 1) to involve the Program Facilitation Team and the case manager in developing Individual Family Plans for each family so that particular issues of subpopulation membership, including membership in more than one subgroup, will be dealt with in an organized way. Part of that individual family plan will be the establishment of linkages with agencies and professionals specifically skilled in dealing with issues related to sub-population membership. Members of the Program Facilitation Team will be selected who are experts in the needs of the subpopulations listed above. Particular attention during the first six months of programming will be given to making sure that members of the Program Facilitation Team, the agencies involved in the memoranda of understanding, and the representatives of Marin City/Sausalito schools and preschools have knowledge, skills and strategies to work with the subpopulations listed.

Because it is anticipated that approximately 40 percent of the FAMILIES FIRST mothers giving birth will be teenage parents, a special relationship has been developed with Marin City's Step II program. Step II will assist FAMILIES FIRST in designing educational, vocational, social and programmatic activities for FAMILIES FIRST teen parents. This plan will be fully developed by the end of the first year of operation.

Documentation and Evaluation

Documentation and evaluation of program efforts are seen as an integral part of the intervention. An agreement has been reached between OGAD and FWL for supplemental assistance by FWL to FAMILIES FIRST. FWL plans to document FAMILIES FIRST activities. FWL is also assisting the local community in developing proposals for program evaluation. A first step taken in this direction was the convening of a seminar of scholars to discuss the unique program plans of FAMILIES FIRST and make suggestions for evaluation.

This meeting of scholars, funded by the Foundation for Child Development, took place on July 11 and 12, 1991 in Chicago, Illinois. The following scholars were present at that seminar:

Dr. Sydney Hans, University of Chicago
Dr. Aisha Ray, Center for Successful Child Development
Dr. Robert Halpern, Erikson Institute
Dr. James Connell, University of Rochester
Dr. Jacqueline McGuire, Judge Baker Children's Center
Dr. Sheila Smith, Foundation for Child Development
Ms. Pat Reynolds, Stuart Foundations
Ms. Ruth Belzer, Harris Foundation
Ms. Deborah Rubien, ACT
Dr. Enora Brown, Ounce of Prevention Fund

FAMILIES FIRST plans were reviewed and recommendations on program evaluation and documentation were given. Seminar participants

worked with FWL staff and staff from Marin City agencies and developed an evaluation framework. The framework rests on the evaluation of the actions and outcomes of FAMILIES FIRST in three areas: increased utilization of services by Marin City families, increased access to needed services, and an assessment of a change in community services so they are more responsive to needs of Marin City Based on the suggestions given at that meeting a structure for evaluation was developed. It is anticipated that the plan will be completed before recruitment commences.

A major issue addressed at the meeting in Chicago was whether evaluation should focus on community change or changes in children and families. What emerged from the discussions was a plan for a two-fold evaluation. That two-fold evaluation would consist of both focusing on community change and changes in child and family functioning.

It was recommended by the panel that base line data collection be the first step taken. A structure was proposed by the advisors to do this. Base line data is to be gathered along several dimensions, so that both community change and child and family change can be documented. The base line data would include 3 components. The first component deals with families. They would be studied from an ethnographic perspective. The purpose of that study would be to find out:

how the families perceive their community

what are their perceived service needs

what their aspirations are

how families see their home life

how families see the rearing of their children in Marin City

how families see current provision of services

The second component of base line data collection would deal with community services. The purpose of this study would be to find out:

the current mission of the local service agencies

a description of the work they are currently doing in Marin City.

The purpose of collecting this data is to look at how the community services function in relation to the vision that the families have about family and agency functioning in Marin City.

The third component of the baseline evaluation is to collect demographic data on the community. Their were several important points recommendations. One was to find out about pregnancy, birth, and health service. Another was to look at some of the key dimensions in the community such as housing, income, employment and criminal activity. The purpose of gathering this demographic data as a base-line would be to provide information about current overall community functioning. This information would be used as a baseline to chart changes caused by the intervention on general community functioning. By looking at such things as changes in community demographics, changes in employment trends, changes in the use of services, changes in the health status of newborn infants the indirect effect of the intervention would be charted.

It was also recommended that each of the program goals be reassessed with an eye to evaluation and that the remainder of the evaluation plan be driven by those goals.

Collaborating Agencies

A major part program development was the drawing together and coordination of services. In addition to the services that will be provided by OGAD and FWL, memoranda of understanding were developed with the following agencies for services that would be particularly necessary during the first year of program operations.

Pregnancy to Parenthood as a participating agency agrees to the following:

- To provide comprehensive Developmental Assessments of children where possible.
- To provide with Marin Treatment Center the 10 week Perinatal Chemical Dependency group treatment.
- To provide, as appropriate, case management services to FAMILIES FIRST participants.
- To participate in community case conferences for specific families who are involved with multiple agencies for the purpose of coordination of services.

Marin Maternity Services as a participating agency agrees to the following:

- On-site Marin City Clinic
- Pregnancy test
- Provide medical assessment
- Physical exam
- To participate in community case conferences for specific families who are involved with multiple agencies for the purpose of coordination of services.

Marin City Drug and Alcohol Outpatient Services as a participating agency agrees to the following:

- To provide services to the chemically dependent families in the FAMILIES FIRST program.

- To provide education and training, as appropriate, about substance abuse issues.

- To participate in community case conferences for specific families who are involved with multiple agencies for the purpose of coordination of services.

Catholic Charities as a participating agency agrees to the following:

- Recruitment of Marin City families, with children in child care programs, for participation in intensive family improvement program

- Through the Catholic Charities family advocate, Marin City family's systems issues will be addressed

- design research to examine changes in parental stress

- To participate in community case conferences for specific families who are involved with multiple agencies for the purpose of coordination of services.

Family Service Agency as a participating agency agrees to the following:

- Through the Multi-Cultural Outreach Team to provide direct community outreach, counseling, case-management and community education.

- To provide available slots, without fee, for qualified individuals and families

- To participate in community case conferences for specific families who are involved with multiple agencies for the purpose of coordination of services.

Marin Services for Women as a participating agency agrees to the following:

- To provide residential and day treatment services for women recovering from alcohol and/or drug dependency

- To make available a specialized day treatment program for pregnant substance dependent women

- To provide outreach in Marin City through the Perinatal Coordinator

- To participate in community case conferences for specific families who are involved with multiple agencies for the purpose of coordination of services.

Women Helping All People as a participating agency agrees to the following:

- To provide community based food and clothing giveaways

- To provide weekly self-esteem classes

- To provide early parent toy-making classes

- To provide on-site computer training classes

- To participate in community case conferences for specific families who are involved with multiple agencies for the purpose of coordination of services.

STEP II as a related service agency agrees to the following services for parents of high school age students:

- After school tutoring in Marin City
- Teaching practical educational coping skills
- Consultation with parents and teachers
- Analysis of school student records and collaboration with school personnel for special service referrals
- Field trips for students
- To participate in community case conferences for specific families who are involved with multiple agencies for the purpose of coordination of services.

The Iniece Bailey Infant/Toddler Center as an out-of-home service agrees to the following:

- To reserve a designated number of slots for Families First participants
- To make available the services of the Family Development Specialist
- To provide general resources to Families First parents, i.e. classes and training
- To participate in community case conferences for specific families who are involved with multiple agencies for the purpose of coordination of services.

Next Steps

At present a proposal for funds to implement FAMILIES FIRST is being considered by two private foundations. FWL assisted local agencies in the development of that proposal and is currently in the process of developing an evaluation proposal that will be reviewed by community agencies. Facilitation efforts continue. This spring FWL will institute a training for Family Day Care providers and will conduct linkage workshops for preschool and early elementary teachers. These and other short term technical assistance activities will continue as work proceeds on implementing the comprehensive model.

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APPENDIX A
BACKGROUND INFORMATION ON MARIN CITY

Marin City is an isolated African-American community located in otherwise affluent Marin County. In a county with one of the highest average household incomes in the nation, 36 percent of households in Marin City have incomes below the poverty line. It is estimated that 34 percent of adults are unemployed and that 36 percent of adults have not completed high school. As many as 50 percent of adults may be functionally illiterate, and one study indicated that about 41 percent of all residents lack the basic skills necessary for entry-level jobs. Approximately 75 percent of residents are African American, and almost two-thirds reside in public housing. Eighty-nine percent of families are headed by a single mother. Marin City has high rates of unemployment, particularly among young males; crime, much of which is drug-related; and teenage pregnancy.

The geographical layout of Marin City serves to weaken an already fragile community. In the late 1950s, the commercial center of Marin City was destroyed as part of a redevelopment project, and was never rebuilt. As a result of the same redevelopment action, a 32 acre piece of barren land separates the public housing in a valley called the "Bowl" from the hill where the ownership portion of the community is located. Approximately 1/3 of the Marin City population lives in the public housing projects. The Bowl Area housing pattern consists of Public Family Housing, Limited Equity Cooperative Housing, and Single Family Housing. As of 1987, there were 292 contiguous low-rise and mid-rise public housing units, 98 units of cooperative housing, and 86 single family homes. The average household income in the public housing units is $8,000, and the monthly rent per unit is approximately $200/month.

Much of the social service support for the community comes from outside Marin City with agencies providing services based on categorical funding. One internal service agency is OGAD (Operation Give A Damn). This local agency often finds itself surprised by initiatives introduced by outside agencies that have been targeted to serve Marin City residents.

OGAD administrators site this outside planning, fragmentation of services, lack of coordination and lack of direct funding of Marin City agencies as major frustrations. In keeping with its facilitation philosophy FWL has teamed with OGAD and other local service agencies in the planning of FAMILIES FIRST. OGAD began in Marin City in 1968 in order to provide children an opportunity for social, educational and psychological development. What began as a community response to the needs of its troubled and confused youth has evolved into a respected service organization that holds firmly to its grassroots origin. From its earliest days OGAD has always been respected throughout Marin City and the County. OGAD was founded by three activists, a minister, a parent and a teacher. Local residents have historically believed in OGAD and look to the organization for support and leadership.

Despite the respect OGAD has gained from the community and the good work OGAD has accomplished in its 22 years of existence, the plight of the children continues to be critical. Marin City children today face circumstances that children of other times have not had to struggle with. Indeed, there has always been substance abuse, but the introduction of crack has taken it to an unprecedented level of danger and despair. Children must struggle with the reality of crack use surrounding them, while they are increasingly expected to fend for themselves in a fast-moving society which no longer values extended family. The urgency of their situation is heightened by the fact that they still experience racism despite their parents' and grandparents' struggles and hopes.

Two recent OGAD initiatives fit very nicely into the FAMILIES FIRST planning. The first is the Family Preservation project, which was begun in 1990. This project has two facets: one is comprehensive case management for a small number of at-risk families. The second is Fresh Start, a support group for a group of young women who are single parents. On a regular basis, Marin City Project members and other service providers who are involved with the women convene to provide input. The Family Counseling program, which makes counseling available to young children and their families, is the other major service currently provided by OGAD.

OGAD is committed to developing interventions with families as early as possible because many newborn infants are already severely at risk. OGAD is also committed to the working assumption that decision makers at all levels influence the evolution of community-based programs for children. They have taken the lead in bringing key agencies and individuals to the planning table and worked very closely with FWL and the other agencies in the development of FAMILIES FIRST.